September 2006

## Regulation of Health Professions in Ontario:

# New Directions

**A Report to the Minister of Health and Long-Term Care on Regulatory Issues and Matters respecting the use of the "Doctor Title" in Traditional Chinese Medicine**

*Submitted by the*
**Health Professions Regulatory Advisory Council (HPRAC)**

Ontario

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September 29, 2006

Hon. George Smitherman
Minister of Health and Long-Term Care
10th floor, Hepburn Block
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Dear Minister,

HPRAC is pleased to provide you with its recommendations concerning the use of the doctor title in traditional Chinese medicine as you requested in your letter to us of January 18, 2006.

Throughout our work on this matter, we have been impressed with the thoughtful consideration given by individuals and organizations to the questions you raised. People put a great deal of time into shaping their comments to us, and HPRAC benefitted from their experience and judgment. We also want to underline that the consensus of those who participated in our consultative program was clear: that the bar set for Ontario's standards for use of the doctor title should be at least equivalent to the highest standards in any jurisdiction where TCM is regulated, and the public interest should be paramount.

For those who are embarking on this new regulatory voyage, there will be many interesting and challenging steps ahead. We appreciate having been a small part of this exciting journey.

Yours truly,

Barbara Sullivan, Chair

Peter Sadlier-Brown, Vice-Chair

Barry Brown

Kevin Doyle

Ennis Fiddler

Mary Mordue

# Traditional Chinese Medicine: Educational Requirements and Use of Titles by Practitioners

## The Minister's Question

On January 18, 2006 HPRAC received a referral from the Minister of Health and Long-Term Care regarding the use of the title "doctor" and the relevant educational requirements for practitioners of Traditional Chinese Medicine.

Specifically, the Minister requested:

- Advice regarding the educational requirements relating to the use of the "doctor" title by certain members of the proposed new college, to be called the College of Traditional Chinese Medicine (TCM) Practitioners of Ontario.

- Recommendations regarding how the standards for these educational requirements should be set and measured.

The treatment of current TCM practitioners in relation to potential new applicants to the profession is another issue for consideration. On this matter, the Minister is seeking advice on mechanisms to recognize how current practitioners acquired their skills, knowledge and judgment to practice as well as how future applicants seeking registration in the profession (and use of the title "doctor") should be prepared. The Minister indicated that HPRAC's advice would be shared with the new College, and would be considered by the Ministry in its review of proposed College regulations.

HPRAC was asked to report to the Minister by September 30, 2006 with its recommendations.

## HPRAC's Response

In considering this referral, HPRAC recommends that the use of the doctor title be restricted to individuals completing advanced training from an accredited educational facility. Programs leading to the Dr. TCM designation should meet a minimum set of requirements that are comparable to those in other jurisdictions, and to those of other professions granting the doctor title.

Individuals currently practicing TCM should be required to pass an approved licensing examination in order to ensure that they meet equivalent academic standards for registration in the Dr. TCM class. As well, all candidates for registration in the doctor class should be required to pass an approved competency examination.

## 1. History of the Referral

On December 7, 2005, the Ontario government introduced Bill 50, the *Traditional Chinese Medicine Act, 2005* to regulate the profession of traditional Chinese medicine. The Bill enacts a new health profession act and incorporates the "Health Professions Procedural Code", which is Schedule 2 of the *Regulated Health Professions Act, 1991 (RHPA).*

The Act will define the scope of practice for the newly regulated profession of traditional Chinese medicine as "the assessment of body system disorders using traditional Chinese medicine techniques and treatment using traditional Chinese medicine therapies to promote, maintain or restore health".

The Bill restricts the use of the titles "traditional Chinese medicine practitioner" and "acupuncturist" to members of the College. In addition, Bill 50 amends Ontario Regulation 107/96 (Controlled Acts) under the *RHPA* by revoking previous provisions allowing anyone to perform acupuncture, and adding provisions allowing acupuncture to be performed by members of Colleges and by persons registered to practise under the *Drugless Practitioners Act.* Persons who perform acupuncture as part of an addiction treatment program within a health facility will be permitted to perform the procedure. Complementary amendments to other Acts will also take effect.

The Bill provides for a new college, the College of Traditional Chinese Medicine Practitioners of Ontario. The College Council, with Ministerial review and approval of the Lieutenant Governor-in-Council, may make regulations:

1. Prescribing standards of practice involving the circumstances in which traditional Chinese medicine practitioners must make referrals to members of other regulated health professions.

2. Prescribing and governing the therapies involving the practice of the profession and prohibiting other therapies.

3. Regulating the use of the title "doctor" for certain members of the College, prescribing a class of certificates of registration for these members and prescribing standards and requirements including non-exemptible requirements relating to these certificates.

The introduction of the Bill followed recommendations of an MPP Consultation Group on Traditional Chinese Medicine and Acupuncture, led by Markham MPP Tony Wong (The Wong Committee), and earlier recommendations by HPRAC in favour of regulating traditional Chinese medicine including acupuncture.[1]

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[1] Bill 50, *An Act respecting the regulation of the profession of traditional Chinese medicine, and making complementary amendments to certain Acts*, December 7, 2005. An application for the regulation of traditional Chinese medicine and acupuncture was first submitted to the Ontario government in 1994.

An important aim of the legislation is to ensure that practitioners of traditional Chinese medicine meet high entry-to-practise standards and demonstrate continuing competency in their practice. The Bill's restrictions on the titles used by practitioners are intended to promote public confidence in the skills, training and qualifications of practitioners. For the first time in Ontario, patients will be assured that practitioners of traditional Chinese medicine meet the requirements of a professional College. These requirements will include rigorous training, quality improvement activities and the provision of stringent complaints and discipline processes on a par with other regulated health professions.

## 2. HPRAC's Approach to the Question

### 2.1 The Consultation Process

In July 2006, HPRAC circulated and posted on its website a letter to interested persons and stakeholders inviting feedback and other information pertinent to the Minister's referral. By month's end more than fifty submissions were received. Among those providing comments were individuals currently practicing TCM in Ontario, existing regulated health colleges, organizations representing TCM practitioners, and other organizations who commented on the use of the doctor title in general. HPRAC's analysis of submissions also identified where additional information was required.

The Advisory Council then conducted key informant interviews involving individuals currently working in the TCM field in Ontario, British Columbia, the United States and China.[2] These interviews tapped a wealth of experience regarding TCM educational institutions, clinics, accreditation and licensing bodies, and the perspective of Western medical schools.

HPRAC's interviews also explored matters such as:

- Current processes and techniques for setting and measuring educational standards.
- Educational requirements and competencies necessary to qualify for the TCM "doctor" title in other jurisdictions.
- The requirements necessary to link with accreditation bodies such as U.S. Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) or accreditation bodies in China, such as the State Administration of Traditional Chinese Medicine (SATCM)[3].
- Current processes for assessing equivalency standards for practitioners who have received their training either wholly or partly outside of the academic stream.

[2] A questionnaire and discussion documents formed the template from which key informant interviews were conducted. This approach contributed to the thoroughness and integrity of the interview process.
[3] Established in 1986, SATCM is considered a state bureau under the Ministry of Public Health.

Those who made submissions and interviewees agreed on the need to regulate TCM practitioners in Ontario. There was a consensus that regulation will improve the profession for practitioners and patients alike. Most respondents told HPRAC that the doctor title should only be conferred where the applicant has achieved a high level of training in a rigorous academic program. This requirement achieves two purposes; it establishes standards for TCM doctors that are comparable to physicians, and maintains the credibility of the profession. Respondents urged that the name of the newly regulated profession, TCM, appear conjointly with the Doctor title to avoid possible public confusion with physicians.

British Columbia, which has regulated TCM since 2004, was referred to often – both as a model for emulation, as well as a model from which many lessons could be learned. Similarly, some commended the body of work of the ACAOM and the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) in the United States as 'setting the bar' for accreditation and competency testing, while others were concerned that these organizations and their standards would not work in a Canadian setting.

Both in submissions and in interviews, HPRAC found a variety of views relating to how those who are currently in practice - many without academic training - should be recognized.

### 2.2 Supplemental Research

HPRAC supplemented its consultations with a concise literature review of educational credentials required for the use of titles within regulated health professions, and for TCM in particular, and the accreditation of educational providers and their programs, both domestically and internationally.

The review also located information on educational requirements and accreditation standards in selected Asian, North American and Commonwealth jurisdictions specifically, Taiwan, Singapore, China, California, British Columbia and Australia. These jurisdictions are leaders within the TCM community with well regarded accreditation requirements for practitioners.

## 3. Background

Over the past fifteen years, there has been a significant increase in public interest in alternative approaches to health care in Canada and the United States. For example, an American study found that those using a complementary or alternative therapy grew from 33.8 per cent in 1990 to 62.1 per cent in 2002.[4] Seventy-nine per cent reported that using

[4] José A. Pagán and Mark V. Pauly, *Access To Conventional Medical Care And The Use Of Complementary And Alternative Medicine,* Health Affairs, Volume 24, Number 1, 2005.

both conventional and alternative therapy is better than using one alone.[5] In Canada, according to a 1999 national survey by the Berger Population Health Monitor, more than 25 per cent of Canadians reported using some form of alternative health care, up from 20 per cent in March 1993.[6] Also in Canada, a nation-wide study sponsored by the Canadian Health Food Association, released in October 2005, found that Canadians spend $2.5 billion annually on natural health products.[7] Like their American counterparts, Canadians also see complementary approaches as a means of augmenting traditional treatments.[8]

For many the use of complementary or alternative treatments such as traditional Chinese medicine is part of their cultural heritage. People who are new to Canada from China, Hong Kong, Korea, Singapore, Taiwan and other Asian countries have brought with them expertise in the practice of TCM, as well as demand for access to highly skilled practitioners.

> "Thousands of Ontarians use complementary and alternative therapies as a routine part of their on-going health care. This shift…can be traced to several key developments…including evolving patterns of immigration and increasing demand from consumers who wish to take the lead in their own health care decisions, including treatment outside of traditional medicine."[9]

In Canada, British Columbia is the only province to regulate both TCM and acupuncture. Alberta and Quebec regulate acupuncture. None of the several schools offering TCM training in Canada, including Ontario, are accredited.

### 3.1 What is TCM?

TCM views the body as a whole and addresses how illness manifests itself in a patient. TCM treatment methods include acupuncture, Chinese herbology, dietary therapies, therapeutic exercise and tuina massage.[10]

### 3.2 Who practices TCM in Ontario?

Current TCM practitioners in Ontario have diverse backgrounds. Many were trained in Asia or the United States. Others have been trained in Canada at one of the many TCM schools which are generally private facilities. Some practitioners earned credentials by completing academic programs with clinical requirements, while others have received in-service training from experienced practitioners in less formal environments. Some

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[5] David M. Eisenberg, MD; Ronald C. Kessler, PhD; Maria I. Van Rompay, BA; Ted J. Kaptchuk, OMD; Sonja A. Wilkey, MD; Scott Appel, MS; and Roger B. Davis, ScD *Access To Conventional Medical Care And The Complementary And Alternative Medicine,* Annals of Internal Medicine Volume 135 • Number 5, Sep.4 , 2001.

[6] HPRAC Regulation of Health Professions in Ontario: New Directions, April 2006.

[7] Ibid.

[8] McFarland, B. et al, *Complementary and Alternative Medicine Use in Canada and the United States*, iAmerican Journal of Public Health, 2002.

[9] HPRAC, Regulation of Health Professions in Ontario: New Directions, April 2006.

[10] MOHLTC, "McGuinty Government Regulating Traditional Chinese Medicine", December 7, 2005.

practitioners have written a qualifying examination, while others practice without having passed a competency examination.

## 4. Use of the "Doctor" Title

As reported, almost all submissions agreed that TCM practitioners with the appropriate qualifications and experience should be allowed to call themselves "doctor;" and most favoured "Doctor of Traditional Chinese Medicine." (Only seven of the more than 50 submissions received disagreed.)[11]

This is consistent with the approach taken in British Columbia. Under B.C.'s *Traditional Chinese Medicine Practitioners and Acupuncturists Regulation*, The College of Traditional Chinese Medicine and Acupuncture (CTCMA) has the authority to grant the designation of Doctor of Traditional Chinese Medicine (Dr. TCM), as well as the titles of Registered TCM practitioner (R.TCM.P.), Registered TCM herbalist (R.TCM.H.) or Registered Acupuncturist (R.Ac.). In all cases, an applicant must complete the appropriate educational training and pass the associated licensing examinations and safety courses. [12]

The licensing of acupuncturists, herbalists, practitioners and doctors of traditional Chinese and oriental medicine is quite common throughout most Asian countries and several American states. As shown in Table 1, the title "doctor" is conferred only upon completion of the highest levels of profession-specific educational and clinical training typically covering five full-time years of study.

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[11] Among those disagreeing were the College of Physicians and Surgeons of Ontario, the Royal College of Dental Surgeons of Ontario, a physician professor from the Faculty of Medicine at the University of Toronto, Registered Practical Nurses Association of Ontario and the Ontario Medical Association.

[12] Website of the B.C. College of TCM and Acupuncture www.ctcma.bc.ca – accessed on September 20, 2006.

## TABLE 1

**Four Common Levels of Registrants and Titles for TCM and Acupuncture and Respective Educational Requirements**

| | *BC*[13] | *ACOS*[14] | *Alberta*[15] | *CITCM*[16] | *TSTCM*[17] | *NCCAOM*[18] | *China*[19] |
|---|---|---|---|---|---|---|---|
| **Registered Acupuncturist (R.Ac.)** | 3 years 1900 hrs. (450 hrs. clinical) Diploma | 3 years 2400 hrs. Diploma | 3 years 1750 hrs. (500 hrs. clinical) Diploma | 3 years 2900 hrs. (600 hrs. clinical) Diploma | 3 years 2260 hrs. (680 hrs. clinical) Diploma | 1905 hrs. (600 hrs. clinical) | |
| **Registered TCM Herbalist (R.TCM.H.)** | 3 years 1900 hrs. (450 hrs. clinical) Diploma | 3 years 2205 hrs. Diploma | N/A | N/A | 3 years 2260 hrs. (680 hrs. Clinical) Diploma | 2175hrs. (660 hrs. Clinical) | |
| **Registered TCM Practitioner (R.TCM.P.)** | 4 years 2600 hrs. (650 hrs. clinical) Diploma | 4 years 3405 hrs. Diploma | N/A | N/A | 4 years 2880 hrs. (920 hrs. clinical) Diploma | 2625 hrs. (870 hrs. clinical) | TCM Assistant: Secondary school level courses & exam |
| **Doctor of TCM (Dr. TCM)** | 5 years 3250 hrs. (1050 hrs. clinical) Doctor of TCM (primary care practitioner) | 5 years 4020 hrs. Doctor of TCM (primary care practitioner) | N/A | 4 years 4007 hrs. (1200 hrs. clinical) Doctor of TCM (primary care practitioner) | 5 years 4220 hrs. (1340 hrs. clinical) Doctor of TCM (primary care practitioner) | 4050 hrs. (1200 hrs. clinical) Doctor of TCM (primary care practitioner) | 5 years/5660 Hours (2,000 Clinic), pre-requisite: high school + entrance exam, Doctor of TCM |

[13] BC = College of Traditional Chinese Medicine, Acupuncturists of British Columbia (regulatory).
[14] ACOS (BC) – Academy of Classical Oriental Sciences, Nelson, British Columbia (educational).
[15] Alberta = Alberta Health and Wellness (regulatory).
[16] CITCM (AB) = Canadian Institute of Traditional Chinese Medicine, Calgary, Alberta (educational).
[17] TSTCM = Toronto School of Traditional Chinese Medicine, Toronto, Ontario (educational).
[18] NCCAOM = National Certification Commission for Acupuncture and Oriental Medicine, U.S.A (regulatory).
[19] Committee on the Health Care Complaints Commission (Parliament of New South Wales, Australia), *Report into Traditional Chinese Medicine (*Report No. 10/53), 2005.

### 4.1 Use of the Doctor Title among Currently Regulated Health Professions

Stakeholders said that educational requirements leading to the doctor title in TCM should be at least at the same level as those for other health care professionals that are permitted to use the doctor title.

In Ontario, the five professions that are currently permitted to use the title of "doctor" in the course of providing health care all require preparatory, post-secondary education, usually an undergraduate degree, preferably in the sciences with prescribed prerequisite courses. Physicians, dentists, chiropractors and optometrists also must complete a second degree specific to the profession. Psychologists require a Ph.D. in psychology. Table 2 sets out these requirements.

**TABLE 2**
**Comparative Requirements for Certificates of Registration in Ontario**

| | ***Physicians*** | ***Dentists*** | ***Chiropractors*** | ***Optometrists*** |
|---|---|---|---|---|
| **Preparation** | Preferably an U/G degree in sciences with prerequisite courses | Same | Same | Same |
| **Degree** | Medical degree from an accredited Cdn/US med school, or international equivalent | Min. 4 year university degree in dentistry from Canada or US | Chiropractic degree from program accredited by Council on Chiropractic Education, or equivalent | U. of Waterloo School of Optometry degree, or equivalent from an accredited North American School |
| **Examinations** | Parts 1 & 2 of Medical Council of Canada Qualifying Exam AND RCPSC or CFPC exam after residency in accredited or recognized residency program | National Dental Examining Board of Canada Exam; exam in ethics and jurisprudence | Cdn. Chiropractic Examining Board Knowledge-based Exam; CCEB Clinical Competency Exam; CCO ethics and legis. Exam | COO prescribed exams |
| **Practical** | 2 year residency for family medicine; longer for most other specialties | Internship or residency in approved program or non-hospital position in a Canadian university faculty of dentistry | | |
| **Citizenship** | Canadian or permanent resident | Same | Same | Same |
| **Foreign Grads** | Medical Council of Canada Evaluating Exam before Part 1 of the MCC exams | Full-time, 2 year qualifying program before NDEBC exam | | COO/UW bridging program |
| **Language** | Fluent in English or French | Same | Same | Same |
| **Other** | Not guilty of a criminal offence or any offence relevant to their suitability to practice, or an offence under the Narcotics Control Act, the Controlled Drugs and Substances Act, or the Food and Drug Act; no finding of misconduct, incompetence or incapacity in another jurisdiction | Same | Same plus evidence of liability insurance | Same |

## 5. Educational Standards

There are two challenges in calling for comparable standards between the new TCM profession and currently regulated health professions. The first is ensuring that the education and training programs available to TCM students and practitioners are of a consistent and high calibre. The second is that the educational providers should also meet similar high standards.

A 2003 academic inquiry into TCM found "a very unevenly qualified TCM workforce. [Furthermore] a proliferation of professional groups…made it difficult to achieve uniform practice standards...[However] practitioners graduating from extended TCM courses experienced about half the adverse event rate of graduates of shorter training programs."[20] This finding, that directly relates quality of care to training of practitioners, underscores the need for rigorous educational requirements to ensure the protection of the public interest.

The Wong Committee noted that despite differences in their education and training, most current practitioners agreed that high education and training standards should be set for entry into the profession, and that these same standards should be applied to current and future practitioners.[21]

### 5.1 Overview of Programs leading to a Dr. TCM designation

In considering the issue of setting appropriate educational standards, HPRAC reviewed educational programs in other jurisdictions that lead to the Dr. TCM title.

During its consultations, HPRAC heard that most stakeholders concur that TCM practitioners who are permitted to use the doctor title should have completed an academic program with high standards. The Toronto School of Traditional Chinese Medicine's submission captured the salient points of many others:

> Doctors of TCM must possess the knowledge of fundamental theory, the skills of diagnostic methods and differentiation of syndromes, master the techniques of treatment remedies, be able to diagnose and treat a wide range of diseases and conditions safely and effectively using a comprehensive and holistic approach, be able to identify and manage emergency and complicated cases with an integrated approach, and be knowledgeable with legislation, regulation, ethics and business management.

Twelve core competencies were suggested. These include: fundamental theory; diagnostics and differentiation; TCM classics; Western Medicine; TCM treatment remedies (specifically acupuncture, Chinese herbal medicine, Tuina massage, Taiji Qigong, and TCM Nutrition and diet); integrated medicine; TCM clinical diagnostics and

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[20] Parker, M *Chinese Dragon or Toothless Tiger? Regulating the Professional Competence of Traditional Chinese Medicine Practitioners* Journal of Law and Medicine, Volume 10, February 2003.

[21] MPP Consultation Group on Traditional Chinese Medicine and Acupuncture, Report to the Minister of Health and Long-Term Care, Summer 2005.

treatments of diseases; research; emergency management; safety and risk management; legislation and regulation; and ethics and business management.

***Programs leading to a Dr. TCM designation in the United States***

In the United States where 41 states license Acupuncture and/or TCM, many rely on the standards developed by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM). The ACAOM is the only U.S. Department of Education (USDE) recognized accreditation agency for the field of acupuncture and Oriental medicine in North America. Essential elements of an ACAOM-endorsed doctoral program include:

- A core curriculum. This includes competencies in the area of: advanced patient assessment and diagnosis; advanced clinical intervention and treatment; consultation and collaboration; clinical supervision and practice management; clinical evaluation and research. Further, the core curriculum must include instruction necessary to provide knowledge and skill development in critical thinking, problem solving and communication skills.

- Clinical training/specialties. The program must provide in-depth level of practical and clinical training and experience to distinguish the candidate as having advanced expertise in acupuncture and oriental medicine.

- Clinical Research Projects. A clinically oriented research project must be completed by doctoral candidates. The products of these clinical projects must be of such a nature that they meet academic form and style standards suitable for peer-reviewed professional publications.

- Prerequisites. The program must show evidence that it has developed appropriate course prerequisites, and that students have completed all of these prerequisites.

- Program Length/Maximum Time Frame. The minimum educational program length is 4,000 hours for doctoral students. This includes the training requirements for the Master's level program and a minimum of 1,200 hours at the doctoral level.[22] Advanced clinical training must constitute a minimum of 650 hours. The doctoral portion of the program must be completed within 4 years of matriculation.

- Residency. Doctoral study includes residence, which provides students access to faculty committed to and responsible for the doctoral program as well as other students.

- Clock-to-Credit Hour Conversion. One semester credit hour is granted for each 15 hours of classroom contact plus appropriate outside preparation. One semester credit hour is granted for each 30 hours of supervised laboratory or clinical instruction; one semester credit hour for each 45 hours of clinical externship or independent study. To provide perspective, the minimum length of the professional acupuncture program must be at least 105 semester credits, and the

[22] ACAOM, Accreditation Handbook, January 2005.

minimum length of the professional Oriental medicine curriculum is 146 semester credits.

- Completion Designation. Successful completion of a doctoral program awards the student with the degree "Doctor of Acupuncture" ("D.Ac.") or the degree Doctor of Acupuncture and Oriental Medicine ("DAOM").[23]

Master's level curriculum requirements, as shown in Chart I, are comprehensive in their coverage of subject matter. Additional details may be found in Appendix A of this report.

**CHART I**
**Course Curriculum Overview for ACAOM's Master's Level Program[24]**

| ***Major Fields of Study*** | |
|---|---|
| 1) History of Acupuncture and Oriental Medicine | 11) Oriental Herbal Studies |
| 2) Basic Theory | • Basic Herbal Medicine Theory |
| 3) Acupuncture, Point Location and Channel (meridian) Theory | • Oriental Diagnostic And Treatment Paradigms As They Pertain To Herbal Medicine |
| 4) Diagnostic Skills | • Materia Medica - Instruction in a minimum of 300 different herbs |
| 5) Treatment Planning in Acupuncture and Oriental Medicine | • Herbal Formulas - Instruction in a minimum of 150 formulas |
| 6) Treatment Techniques | • Food Therapy/Nutrition |
| 7) Equipment and Safety | • Clinical Internship and Herbal Dispensary |
| 8) Counseling and Communication Skills | • General principles of pharmacognosy |
| 9) Ethics and Practice Management | |
| 10) Biomedical Clinical Sciences | 12) Other Oriental Medicine Modalities |

Performance outcomes upon completion of a candidate's training are profiled below.

**Chart II**
**ACAOM-Approved Program: Acquired Competencies**

| | |
|---|---|
| 1. | Accurately collects data and uses patient examinations to make a diagnosis. |
| 2. | Formulates a diagnosis by classifying the data collected and organizing it according to traditional theories of physiology and pathology. |
| 3. | Determines a treatment strategy based on the diagnosis formulated. |
| 4. | Performs treatment by applying appropriate techniques, including needles, Moxa, manipulation, counseling, and the utilization of skills appropriate for the preparation of tools and instruments. |
| 5. | Appropriately assesses the effectiveness of the treatment strategy and its execution. |
| 6. | Complies with practices as established by the profession and society-at-large. |
| 7. | Makes a Diagnosis/Energetic Evaluation by: identifying position, nature and cause of the dysfunction, disorder, disharmony, vitality and constitution. |

[23] In the United States, four American universities now offer postgraduate doctorates. Bastyr University in Seattle, WA, Oregon College of Oriental medicines in Portland, OR, Emperor's College in Los Angeles CA, and Pacific College of Oriental Medicine in San Diego, CA. Each of these institutions is based in a state where TCM and Acupuncture are regulated health professions. The educational programs they offer are based on standards developed for TCM postgraduate doctoral programs by ACAOM.

[24] ACAOM, Accreditation Handbook, January 2005.

| | |
|---|---|
| 8. | Plans and executes an Herbal Treatment using acquired knowledge. |
| 9. | Understands professional issues related to oriental herbs. |

In addition, students must demonstrate an adequate understanding of relevant biomedical and clinical concepts and terms; human anatomy and physiological processes; concepts related to pathology and the biomedical disease model; pharmacological concepts and terms including knowledge of relevant potential medication, herb and nutritional supplement interactions, contraindications and side effects. Further, they must understand the nature of the biomedical clinical process including history taking, diagnosis, treatment and follow-up, as well as the clinical relevance of laboratory and diagnostic tests and procedures, as well as biomedical physical examination findings.

This knowledge is vital in order to be able to:

- Recognize situations where the patient requires emergency or additional care or care by practitioners of other health care (or medical) modalities, and to refer such patients to whatever resources are appropriate to their care and well-being.
- Appropriately utilize relevant biomedical clinical science concepts and understandings to enhance the quality of Oriental medical care provided.
- Protect the health and safety of the patient and the health care provider related to infectious diseases, sterilization procedures, needle handling and disposal, and other issues relevant to blood borne and surface pathogens.
- Communicate effectively with the biomedical community. [25]

A more detailed description of competencies appears in Appendix B of this report.

***Programs leading to a Dr. TCM designation in China***

In 1985, the Chinese government created four universities dedicated to TCM educational programs. Since then, numerous other privately operated institutions have appeared. Whether public or private, all programs are government approved. Undergraduate courses are five years in length. The first three years are devoted to the study of the most important aspects of pre-clinical Western medicine with subjects such as biochemistry and pharmacology as well as the basic foundations of TCM. Between one and two years of clinical study follow.

Students sit for three exams at the conclusion of their fifth year; the first related to basic clinical principles of Western medicine, the second theoretical principles and the third is a thesis. Exams are set and conducted by the National Administration on TCM. After one year working in a hospital (without prescribing rights) practitioners must then pass a licensing exam. The following table provides an overview of a typical curriculum for the five-year Undergraduate Medical Degree Program in TCM.

[25] ACAOM, Accreditation Handbook, January 2005.

## TABLE 3
### Overview of Sample Course Curriculum
### Five Year Undergraduate Medical Degree Program[26]

| *Requirement* | *Hours* | *Years* |
|---|---|---|
| Biomedicine | 1125+ | |
| TCM | 1920 | |
| Other | 660+ | |
| Clinic | 1800 | 1 year |
| **Total** | **5500+** | **5 years** |
| ***Graduation Thesis*** | | |
| ***Graduation Examination*** | | |

A more detailed overview of the sample curriculum is found in Appendix C.

***Comparison of Educational Requirements for Use of Dr. Title***

HPRAC's consultations revealed a consensus that doctoral programs in Ontario should be equivalent to those in other jurisdictions.

Table 4 summarizes and compares prerequisites, core curriculum and hours of training required for programs leading to a doctor of TCM designation in China, British Columbia and the United States. In all jurisdictions but China, two years of undergraduate schooling are required prior to acceptance to the TCM programs. In China, applicants are accepted upon graduation from high school if they can successfully complete an entry exam.

## TABLE 4
### Jurisdictional Comparison of Core Curriculum for Dr. TCM Programs

| *Jurisdiction* | *China* | | *BC* | | *US* | |
|---|---|---|---|---|---|---|
| *Modality* | *Hours* | *Years* | *Hours* | *Years* | *Hours* | *Years* |
| **Biomedicine** | 1000+ | | 250+ | | | |
| **TCM** | 1800+ | | 360 | | | |
| **Other** | 750+ | | 450 | | | |
| **Acupuncture** | | | 550 | | | |
| **Herbology** | | | 550 | | | |
| ***Sub-Total*** | 3600+ | | 2160+ | | 3350 | |
| **Clinic** | 2000 | 15 months | 1050 | | 650 | |
| **Professional Education** | **5,600+** | **5-6 years** | **3,210** | **5 years** | **4,000** | **5 years** |
| **Prerequisites** | | High School + entry exam | | 2 years university education | | 2 years university education |
| **Total Post Secondary** | | **5-6 years** | | **7 years** | | **7 years** |

[26] Heilongjiang University of TCM (1988). This leads to an M.D. equivalent degree.

As illustrated, programs leading to a doctor TCM designation, typically consist of five to seven years of study, with total hours accumulated between 3,210 hours (B.C.) to 5,600 hours (China).

Table 5 compares educational requirements for regulated health professionals currently authorized to use the doctor title in Ontario. HPRAC has previously recommended to the Minister that in addition to those who are currently authorized to use the title, those professionals with an earned doctoral degree in the discipline of their practice should be able to use the doctor title in the course of providing health care.[27]

**TABLE 5**

**Comparison of Educational Requirements Leading to Doctor Title for Currently Regulated Health Professions in Ontario**

| *Organization* | *Total Hours* | *Clinical Hours* | *Prerequisites* |
|---|---|---|---|
| Canadian Memorial Chiropractic College | 4634 hrs/ 4 yrs | 1603 hrs | 3 years undergraduate university study[28] |
| Medical Schools | 4 years | 1 year | 3 years university study[29] |
| Dentistry | 4 years | 1 year | 3 years university education [30] |
| Optometry | 4 years | 1 year | Currently 2 years, (soon to be 3 years) in a university undergraduate bachelor of science program [31] |

In April 2006, HPRAC recommended Naturopaths for regulation under the *RHPA*, and that they be entitled to use the title "Naturopathic Doctor" or "Doctor of Naturopathic Medicine". Similar to the regulated health care professions reviewed in Table 5, Naturopaths must meet a high standard of educational preparation. Members of this profession attend the Canadian College of Naturopathic Medicine for four years (or 4266 hours) of which 1240 are clinical hours. As a prerequisite to admission, students must have completed three years university education (or its equivalent).[32]

Most participants in HPRAC's consultations agreed that Ontario's standards for programs leading to the designation of Dr. TCM should be at least equal to that of jurisdictions where the doctor title is authorized.

> Educational requirements should be set according to the core competencies and the scope of TCM practice at the doctoral level in accordance with other health care professions that [use] the title of Doctor in Ontario, and that of the other jurisdictions where standards are established such as China, the US and BC.
>
> Toronto School of Traditional Chinese Medicine

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[27] HPRAC Regulation of Health Professions In Ontario: New Directions, , 2006, Recommendation 51.
[28] http://www.cmcc.ca/admissions/admission_requirements_for_can.htm, Accessed on September 20, 2006.
[29] http://www.facmed.utoronto.ca/English/Admissions-Information.html, Accessed on September 20, 2006.
[30] http://www.utoronto.ca/dentistry/admissions/DDSLIT2007.pdf, Accessed on September 20, 2006.
[31] http://www.optometry.uwaterloo.ca/prospective/od/academicrequirments.html#studies, Accessed on September 20, 2006.
[32] http://www.ccnm.edu/admiss.html, Accessed on September 20, 2006.

> [The] TCM Doctoral educational requirement should be set at 7 years post secondary education: 2 years university education as entrance requirement, 4 years TCM program, plus 1 year internship.
>
> Ontario Coalition for TCM Regulation

If Ontario wishes to ensure that those professionals who are granted the title of Dr. TCM have equivalent competencies, skills and education to those in other jurisdictions, it must set comparable educational standards.

Policy-makers and the new regulatory college will face two challenges in this regard.

The first is determining which programs meet the rigorous educational standards contemplated for a professional program leading to a Dr. TCM degree, and the subsequent recognition of post-secondary educational institution(s) that offer(s) an accredited TCM curriculum leading to a Dr. TCM degree. This could be either a stand-alone professional college, comparable to the Canadian Memorial Chiropractic College or the Canadian College of Naturopathic Medicine, or a professional school set in a university, comparable to faculties of Medicine or Dentistry.

The second challenge is to adopt an accreditation standard for educational facilities offering professional doctoral programs in TCM. This is essential to ensuring that the facility or school meets recognized requirements for the program, and is comparable to requirements for educational institutions offering advanced degrees in other professions.

### 5.2 Educational Equivalencies for current TCM practitioners

Given the vast number of TCM-related associations and institutions that currently operate within Ontario, it should come as no surprise that the issue of recognizing the experience and training of current TCM practitioners engenders much debate. The opinions expressed ranged from 'waving-through' all current practicing TCM 'doctors' to having strict criteria, that do not allow existing practitioners to use the Doctor title at all.

B.C.'s College of Traditional Chinese Medicine Practitioners and Acupuncturists of (CTCMA) completed its grand-parenting process in the summer of 2006. Dr. TCM candidates were assessed by a committee, and some were required to undertake the practical portion of CTCMA's herbology exam. Stan Nicol, former BC Registrar, recently told HPRAC that he would recommend some form of examination, including a written and practical examination for all current TCM practitioner-applicants who seek the doctor title.

A number of submissions suggested fairly rigorous standards including:

- A minimum number of years of practice (i.e. 10-20 years).
- A minimum number of hours of training and experience (i.e. 2000 hours) in addition to formal education.
- Passing of a qualifying or challenge exam (practical and theoretical).

- Working knowledge of English.
- Documentation/evidence that formal education and training is comparable to that in China, with additional years of practice.
- References, publications, affidavits from 100-500 patients, letters of reference from teachers and colleagues.
- Interview/consultation with examining Board.
- Combination of the above[33].
- No criminal conviction record and no conviction for medical malpractice in Canada.

A number of submissions suggest that a "challenge exam" is an appropriate method of verifying that TCM practitioners qualify for the title of Doctor. One method of providing this form of exam is through the voluntary certifying association, the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM). NCCAOM is a member of the National Organization for Competency Assurance and is accredited by the National Commission for Certifying Agencies – an agency of the U.S. Department of Education (USDE). NCCAOM has developed an examination system, and has set standards of training and established criteria for a doctoral program in Oriental Medicine.

*NCCAOM Background*

NCCAOM's mission is to establish, assess, and promote recognized standards of competence and safety in acupuncture and Oriental medicine for the protection and benefit of the public.[34] More than 13,000 individuals have been certified in Acupuncture, Chinese Herbology and Asian Bodywork Therapy by the NCCAOM since its inception.

The first NCCAOM Comprehensive Written Examination (CWE) in Acupuncture (ACP) was given in March 1985. It was developed during a three-year period with the help of leading acupuncturists across the nation. Throughout this development period the NCCAOM followed national guidelines for certification and testing in order to ensure a fair, valid, and reliable examination. The administration of the exam was a milestone event in the growth of the profession in the United States.

The Practical Examination of Point Location Skills (PEPLS) was added as a component of NCCAOM's Acupuncture Examination in September 1989. The Clean Needle Technique (CNT) portion was added to the acupuncture written exam two years later.

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[33] For example, proof of the equivalent of 3600 hours of instruction or an apprenticeship program of at least 10 years, has passed written, oral and practical examinations, holds an International Certificate or License, has 1500 hours of clinical internship, and can provide confirmation of a minimum of 500 office visits per year.

[34] NCCAOM web site http://www.nccaom.org/aboutus.htm.

This separately-scored CNT exam was merged into the Comprehensive Written Examination in Acupunture in 1998.

In 1989, the profession asked the NCCAOM to develop a certification program measuring entry-level competency in the practice of Chinese herbology. After three years of research, the organization opened the Credentials Documentation Review (CDR) period for Certification in Chinese Herbology. The first national Comprehensive Written Examination in Chinese Herbology was given in April, 1995.

The NCCAOM then developed a third certification program in response to requests from the profession. NCCAOM Certification in Asian Bodywork Therapy (ABT) was offered in 1996 through Credentials Documentation Review. CDR for certification in Asian Bodywork Therapy closed in December 1997. The first Comprehensive Written Examination in ABT was given in October 2000.

HPRAC's information is that the NCCAOM is currently developing standards for credentialing doctors of TCM.

HPRAC considered a wide range of options available for granting current Ontario TCM practitioners the title of doctor including:

- Granting the doctor title to all current practitioners who can provide reasonable proof of qualifications that meet Ontario benchmarks.

- Requiring practitioners seeking the doctor title to interview with a consulting Board.

- Creating a new Ontario-based TCM exam which all practitioners must pass before being granted the doctor title.

- Adopting NCCAOM's future standards for the use of the Doctor title.

### 5.3 Educational Facilities offering Programs leading to Doctor of TCM Designation

As HPRAC found in its 2001 review, and confirmed in 2005-06, there is considerable variability in the curriculum, delivery and duration of educational programs in the fields of TCM and acupuncture currently offered to students in Ontario and elsewhere.

In Ontario, the Ministry of Training, Colleges and Universities (MTCU) administers several relevant Acts governing Ontario's post-secondary educational system.

- The *Post-secondary Education Choice & Excellence Act, 2000* governs degree-granting activity by institutions that do not have degree granting authority in their own legislation (e.g. private institutions, out-of-province public institutions, and colleges offering applied degrees).

- The *Ontario Colleges of Applied Arts and Technology Act, 2002* governs colleges of applied arts and technology (for diplomas and certificates).

- The *Private Career Colleges Act (PCCA)* governs private career colleges (for diplomas and certificates).[35]

To date, no private career colleges offering TCM or acupuncture-related programs leading to a certificate or diploma are registered with MTCU under the *PCCA*. Similarly, no college of applied arts and technology has been granted consent to offer an applied degree or are approved by MTCU to offer a diploma or a certificate in TCM or acupuncture.

There are also no TCM-related programs provided by universities that have been approved for funding by MTCU.[36]

HPRAC heard that a few privately operated schools in Ontario offer four year full-time programs with over 3,000 hours of instruction leading to a "Doctor of TCM diploma." A school in Toronto reportedly follows the ACAOM[37] standards referenced above although it has not applied for accreditation.[38] As well, Ryerson University has recently launched a continuing education program in traditional Chinese medicine.[39]

### 5.4 Accreditation

Accreditation is a process which ensures that an educational institution or program meets established standards and requirements for quality education and training. Accreditation standards usually cover curriculum, faculty qualifications, admissions requirements, finances, administration, facilities, learning resources, safety and other important areas.

Drawing from the ACAOM, accreditation serves many purposes.

> Accreditation assures that an institution or program has a clearly articulated mission and set of educational objectives, has the resources to attain its objectives, and has a process in place to demonstrate that its objectives are being met. Generally…it provides reasonable assurance of the overall quality and competence of graduates, since the education offered by an accredited institution or program meets or exceeds recognized standards…for entry into the field and preparing graduates to practice safely and effectively. For the process of professional certification, registration or licensure - accreditation provides reasonable assurances to regulatory bodies that certain educational credentials reflect high quality professional training. [40]

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[35] MPP Consultation Group on Traditional Chinese Medicine and Acupuncture, Report to the Minister of Health and Long-Term Care, Summer 2005.
[36] Ibid.
[37] All ACAOM-recognized programs must be taught in an accredited educational institution.
[38] According to the Director, graduates of this school are eligible to write the NCCAOM exams and, in the past, have passed the exam with a 100 per cent success rate.
[39] The Ryerson program consists of eight modules: Foundations of Chinese Medicine; Integrative Health Care – Challenges and Issues; Diagnosis in Chinese Medicine – Basics; Herbal Treatment in Traditional Chinese Medicine – Basics; Acupuncture Treatment in Chinese Medicine – Basics; Risk Management in Traditional Chinese Medicine; Herbal Treatment in Chinese Medicine – Clinical; and Acupuncture Treatment in Chinese Medicine – Clinical.
[40] ACAOM, Frequently Asked Questions, http://www.acaom.org/faq_q1.htm#2.

Programs offered by accredited institutions have some flexibility in educational objectives and delivery methods. The institutions themselves conduct periodic reviews of their educational mission, the content of accredited educational programs, training delivery methods and supporting structures to determine whether it meets or exceeds the standards set by an accrediting body.

***Accreditation of Medical Schools***

In North America, accreditation agencies commonly evaluate schools and programs in both Canada and the United States. For instance, the Association of American Medical Colleges (AAMC) includes all 125 accredited medical schools in the United States and the 17 accredited medical schools in Canada. The AAMC works to ensure that the structure, content, and conduct of medical education meet the highest standards and keep pace with the changing needs of patients and the health care system.

In Canada, the Association of Faculties of Medicine Canada (AFMC), together with the Canadian Medical Association (CMA), carries out accreditation surveys and rules on the accreditation of all undergraduate medical programs in Canada. Through the AAMC, the Committee on Accreditation of Canadian Medical Schools (CACMS) serves as a mechanism to ensure high standards on a national basis as well as meeting accreditation standards of AFMC's American counterpart, the Liaison Committee on Medical Education of AAMC.

***Accreditation in the Field of Naturopathic Schools in North America***

Similarly, in the field of naturopathy, the accrediting agency for naturopathic medical schools and programs in North America is the Council on Naturopathic Medical Education (CNME). Currently there are four accredited schools in North America including one in Ontario.

***Accreditation in the Field of Oriental Medicine***

<u>The United States</u>

As mentioned previously, ACAOM is the only U.S. Department of Education (USDE) recognized accreditation agency for the field of acupuncture and Oriental medicine in North America which has developed educational standards that reflect the level and depth of training necessary to practice safely and effectively within the field. States that use ACAOM's accreditation process for licensure have demonstrated a superb safety record for their licensed practitioners. Oriental medicine includes TCM, Japanese and Korean therapies.[41]

Not all states recognize the accreditation standards developed by ACAOM. In California, the Acupuncture Board which regulates licensure, education standards and enforcement of the Acupuncture Licensure Act including Oriental Medicine,

[41] Founded in 1982, ACAOM was recently reviewed by the USDE and received its maximum 5-year recognition period.

establishes educational standards and approves training programs. To date, 31 educational institutions have been approved by California's board.

Canada

In 2004, the ACAOM extended its scope to include accreditation of programs and institutions in Canada.[42] In Ontario, as far as HPRAC is aware, there are currently no schools offering courses in TCM that are accredited by ACAOM, or that have applied to be accredited by ACAOM.

In December 2000, British Columbia passed regulations giving force to the creation of the College of Traditional Chinese Medicine Practitioners and Acupuncturists (CTCMA). The by-laws of the CTCMA provide for the establishment of approval guidelines for the evaluation of educational programs, and the maintenance of a list of accredited educational programs. To date, the CTCMA has set out approval guidelines but has not moved to implement an accreditation system for educational and training programs.

Instead, it has posted a list of 18 TCM schools in British Columbia, most of which offer TCM doctor programs, with the following disclaimer: "The College of Traditional Chinese Medicine Practitioners and Acupuncturists of B.C. currently does not have a program to accredit acupuncture and TCM schools. This list is provided for general information purpose only."

HPRAC heard that the lack of accreditation for TCM programs in British Columbia is a cause for concern since some of the listed schools' websites give the impression of having been accredited by virtue of meeting the requirements of B.C.'s Private Career Training Institutions Agency.

By requiring accreditation as a basis for approving educational programs, regulatory bodies have the assurance that educational programs have undergone an external review and offer programs that train competent, safe and effective practitioners. This in turn helps to protect public safety and ensures that high quality acupuncture and TCM services are available.

## 6. Transition Issues

### 6.1 Transition Period

For current practitioners seeking the doctor title, a three-year transition period from the date of the new College's call for applications appears to be an appropriate timeframe and is comparable to that used in Australia. During this time, practitioners can take a qualifying exam, or go through the administrative process to have their qualifications recognized, and upgrade education to meet competency standards for use of the doctor title.

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[42] The Accreditation Commission for Acupuncture and Oriental Medicine *www.acaom.org*. Accessed April 22, 2006. HPRAC's discussions with ACAOM lead us to believe that they would be willing to work with the Transitional Council to establish standards.

### 6.2 Mutual Recognition Agreements

By announcing its intention to regulate TCM, Ontario joins several jurisdictions that have taken this step. The experience of those jurisdictions with respect to title issues, educational requirements, accreditation standards and methods for integrating existing practitioners into a new regime, has been useful in HPRAC's consideration of the Minister's referral.

Along with Canada's other provincial and territorial governments, Ontario is party to the Agreement on Internal Trade (AIT) and its provisions on labour mobility.[43]

B.C.'s current Registrar for the College of Traditional Chinese Medicine Practitioners and Acupuncturists, Mary Watterson, has suggested to HPRAC that Ontario and British Columbia could work together on a national standard for recognizing practitioners who hold a Dr. TCM designation when the Ontario College is established.

## 7. Non-Exemptible and Other Requirements

A number of related issues were raised in the submissions to HPRAC.

Language Proficiency

Most of Ontario's TCM practitioners are from abroad. Upon arrival in this country, many may build a patient roster from within their ethnic community where proficiency in English has been incidental. The majority of submissions to HPRAC urged that a working knowledge of English be a necessary requirement.

No criminal record

A number of submissions suggested that a lack of criminal record should be a necessary requirement prior to being granted the title of Doctor of TCM.

Continuing education

It has been suggested that a program of continuing education should be instituted and that Doctors of TCM be required to attend a minimum number of hours (i.e. 25) of continuing education each year in order to maintain their qualification.

## 8. Recommendations

### 8.1 Educational Program

**HPRAC recommends that the following requirements be considered as a minimum standard for an educational program leading to the Dr. TCM degree:**

[43] With the exception of Nunavut.

**a) Five years of study, including 4000 – 5000 hours of didactic training, of which a minimum 1200 hours is at the doctoral level, with an additional 1200 hours of clinical internship.**

**b) A prerequisite of two to three years undergraduate education in a related field for entry into the educational program.**

**c) A core curriculum including competencies in patient assessment and diagnosis, clinical intervention and treatment, consultation and collaboration, clinical supervision and practice management, fundamental TCM theory, ethics and regulatory standards.**

**d) A clinically-oriented research project suitable for peer-reviewed publication.**

### 8.2 Educational Equivalencies

**HPRAC recommends that the Transitional Council of the College of Traditional Chinese Medicine Practitioners of Ontario:**

**a) Establish a working relationship with NCCAOM to develop a comprehensive written examination for current TCM practitioners in Ontario to ascertain that they meet equivalent academic standards for registration in the Dr. TCM class;**

**b) Make accommodations during the transition period so the competency examination may be written in the language in which they were trained.** [44] **However, applicants must meet the non-exemptible requirement proposed in 8.5 D.;**

**c) Establish bridging program requirements for individuals who require educational upgrades to qualify for the Dr. TCM title;**

**d) Establish continuing competence requirements for Doctors of TCM as a feature of quality programs of the College;**

**e) Establish mechanisms for the assessment of credentials earned in other jurisdictions for applicants to the Dr. TCM class on an ongoing basis.**

### 8.3 Educational Facilities

**HPRAC recommends that the Transitional Council of the College of Traditional Chinese Medicine Practitioners of Ontario move quickly to establish an education committee to:**

**a) Adopt an accreditation standard for educational institutions offering programs leading to a Dr. TCM degree. Comparable to ACAOM standards,**

[44] HPRAC notes that NCCAOM offers exams in English, Korean and Mandarin.

**accreditation requirements should address training delivery standards, faculty qualifications, course content, and educational outcomes to ensure high quality professional training.**

**b) Evaluate the standards of existing educational facilities currently offering TCM training programs leading to a Dr. TCM designation and those who have an interest in establishing a professional school or college offering professional doctorate programs either in a free-standing professional college or a professional school set in a university.**

**c) Commence discussions with ACAOM concerning options for its accreditation of a school (or schools) in Ontario that would offer an academic program leading to a Dr. TCM degree.**

### 8.4 Credentialing

**HPRAC recommends that the College require all candidates for registration in the TCM doctor class to:**

**a) pass an approved competency examination and present credentials earned in Canada or another jurisdiction to the College.**

**b) successfully complete a course in ethics and jurisprudence and other such examinations as set or approved by the College.**

### 8.5 Non-Exemptible and Other Requirements

**HPRAC recommends that non-exemptible requirements for a certificate of registration be comparable to those established for other professions, including the requirement that:**

**A. The applicant's past and present conduct affords reasonable grounds for belief that the applicant:**

**1) Is mentally competent to practise traditional Chinese medicine.**
**2) Will practise traditional Chinese medicine with decency, integrity and honesty and in accordance with the law.**
**3) Has sufficient knowledge, skill and judgment to engage in the kind of practice authorized by the certificate.**

**B. If the applicant has previously been or is registered or licensed to practice another profession in Ontario, or TCM, or another profession in any other jurisdiction, the applicant must provide evidence that there has been no finding of, and that there is no current investigation or proceeding involving an allegation of, professional misconduct, incompetence or incapacity or similar conduct.**

**C. The applicant must not have been found guilty of an offence that is relevant to the applicant's suitability to practice.**

**D. The applicant must be able to speak and write either English or French with reasonable fluency.**

**E. The applicant must be a Canadian citizen or a permanent resident of Canada or authorized under the *Immigration Act (Canada)* to engage in the practice of the profession.**

## Acronyms

The following are acronyms are used in this report:

| | |
|---|---|
| HPRAC<br>Advisory Council | Health Professions Regulatory Advisory Council |
| TCM | traditional Chinese medicine |
| SATCM | State Administration of Traditional Chinese Medicine (China) |
| ACAOM | Accreditation Commission for Acupuncture and Oriental Medicine |
| NCCAOM | National Certification Commission for Acupuncture and Oriental Medicine |
| *RHPA* | *Regulated Health Professions Act, 1991* |
| CTCMA | College of Traditional Chinese Medicine and Acupuncture (British Columbia) |
| USDE | United States Department of Education |
| CWE | Comprehensive Written Examination |
| ACP | Acupuncture |
| PEPLS | Practical Examination of Point Location Skills |
| CNT | Clean Needle Technique |
| CDR | Credential Documentation Review |
| ABT | Asian Bodywork Therapy |
| MTCU | Ministry of Training, Colleges and Universities |
| *PCCA* | *Private Career Colleges Act, 2005* |
| AAMC | Association of American Medical Colleges |
| AFMC | Association of Faculties of Medicine Canada |
| CMA | Canadian Medical Association |
| CACMS | Committee on Accreditation of Canadian Medical Schools |
| CNME | Council on Naturopathic Medical Education |
| AIT | Agreement on Internal Trade |

## APPENDIX A

### Details of the ACAOM Master's Level Curriculum[45]

The professional program in Oriental medicine must:

- be at least four academic years in length;
- be a resident program;
- demonstrate attainment of professional competence;
- have an adequate clinical component; and
- include the following minimum core curriculum designed to train students to achieve the competencies of an independent Oriental medical provider.

**1. History of Acupuncture and Oriental Medicine**

- Discussion of different traditions in acupuncture and Oriental Medicine and how they relate to Chinese medical history.
- History of the development of acupuncture and Oriental medicine in the U.S. and of development of current professional trends.
- Discussion of history and professional trends in acupuncture and Oriental medicine outside the U.S. and China.

**2. Basic Theory**

- Qi
- Tonification (supplementation) and sedation (draining) of qi, creation of harmony
- Dao
- Yin Yang
- Eight Parameters/Ba Gang
- Five Elements (phases, correspondences)/Wu Xing and their laws and cycles
- Twelve Officials/Shi Er Guan
- Viscera & Bowels/Zang Fu
- Theory of channel vessels (Meridians)/Jing Luo
- Internal and External causes of disease such as Six External Evils/Liu Xie, Seven Emotions/Qi Qing and Non-internal or External Reasons/bu nei wai yin
- Oriental medicine pathology (bing ji)
- Meaning (significance) of disease, symptoms, signs
- Fundamental Body Substances (e.g. shen, qi, blood, fluid, etc.)

**3. Acupuncture, Point Location and Channel (meridian) Theory**

- Location systems: anatomically, proportionally, by palpation, Anatomical Chinese inch (cun), fen.
- Systems of nomenclature and knowledge of standards of the WHO Scientific Group to Adopt a Standard International Acupuncture Nomenclature, 1991
- Anatomical locations
- All points on the twelve bilateral channels (meridians) and the Conception/Ren and Governing/Du vessels

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[45] As excerpted in full from the ACAOM Accreditation Handbook, January 2005, pp 20-26. http://www.acaom.org/Downloads/handbook/RO%20Hndbk%20Pt%201%202005.pdf.

- Forbidden points, contraindications of points
- Classification of points
- Functions and Indications of acupuncture points
- Extra Acupuncture Points
- Other categories and types of acupuncture points (e.g. auricular points, scalp points, hand points)
- Special groupings of acupuncture points (for example: transport points, painful or tender points (Ah Shi), local and distal points, Associated Effect and Alarm points, Windows of the Sky, Internal and External Dragons, Seas and Oceans, thirteen ghost points), and other recognized point combinations.
- Traditions of acupuncture; respect for different traditions of evaluating and diagnosing and influencing and correcting the balance of Qi.

**4. Diagnostic Skills**

- History Taking/Charting
- Acupuncture and Oriental Medicine: Methods: Observation/Wang, Audio-Olfaction/Wen, Inquiry/Wen, Palpation/qie, Differential diagnosis
- Biomedical: Measuring and recording vital signs, i.e., respiratory rate, pulse rate, temperature and blood pressure
- Referrals: Recognition of symptoms requiring referrals, including infectious disease.

**5. Treatment Planning in Acupuncture and Oriental Medicine**

- Methods and systems for planning, carrying out and evaluating a treatment
- Prognosis
- Contraindications of treatment
- Making appropriate referrals
- Consideration of special factors or symptoms indicating: potential for increased risk to the patient (e.g., immune compromised patient, diabetic patient); the need to modify standard therapeutic approach (e.g., infants and children, pregnancy); and apparently benign presentations that may have a more serious cause (hypertension, headaches).

**6. Treatment Techniques**

- Needle insertion: depth, duration, manipulation and withdrawal
- Moxa: application, direct & indirect. etc.
- Other techniques (e.g., bleeding, moxibustion, cupping, gua sha, seven star)
- Tonification (supplementation)/bu and sedation (draining)/xie
- Knowledge of methods and application of acupuncture relating to the treatment of acute and chronic conditions, first aid, analgesia, anesthesia, and electrical stimulation
- Safety issues
- Oriental bodywork therapy (e.g., tui na, shiatsu, amma, acupressure etc.)

**7. Equipment and Safety**

- Selection & maintenance of equipment:
- Needles: gauge, types, selection, replacement, inspection
- Other equipment: cups, moxa, seven star, etc.
- Sterilization: necessity and various methods
- Electronic equipment: selection, maintenance, inspection for hazards
- Relevant State and Federal regulations concerning equipment
- Safety of patient and practitioner:
-- Asepsis, Clean Needle Technique
-- Avoiding harm from typical procedures: needling, moxa, cupping, bloodletting, etc.
-- Fainting during treatment
-- Relevant State and Federal regulations concerning safety
-- First Aid and CPR
-- Personal & office cleanliness and hygiene

**8. Counseling and Communication Skills**

- Communications skills: listening, counseling, explaining, and teaching
- Managing psychological reactions that may arise during the course of treatment and the ability to make appropriate referrals

**9. Ethics and Practice Management**

- Confidentiality
- Informed Consent
- Understanding the scope of practice
- Record Keeping: legal requirement, release of data
- Ethical and legal aspects of referring patients to another practitioner
- Professional conduct and appropriate interpersonal behavior
- Overview of the status of acupuncture and Oriental medicine in the U.S.
- Understanding laws and regulations governing the practice of acupuncture and Oriental medicine in the state where the program is offered and that laws and regulations vary from state to state
- Recognition and clarification of patient expectations
- General liability insurance and legal requirements
- Professional liability insurance: risk management and quality assurance
- Building and managing a practice including ethical and legal aspects of third party reimbursement
- Professional development
- Basic bookkeeping

**10. Biomedical Clinical Sciences**

- Relevant basic sciences that are directed toward attaining the biomedical clinical competencies
- Biomedical and clinical concepts and terms
- Human anatomy and physiology
- Pathology and the biomedical disease model
- The nature of the biomedical clinical process including history taking, diagnosis, treatment and follow-up
- The clinical relevance of laboratory and diagnostic tests and procedures as well as biomedical physical examination findings
- Infectious diseases, sterilization procedures, needle handling and disposal, and other issues relevant to blood borne and surface pathogens
- Biomedical pharmacology including relevant aspects of potential medication, herb and nutritional supplement interactions, contraindications and side effects and how to access this information
- The basis and need for referral and/or consultation
- The range of biomedical referral resources and the modalities they employ

**11. Oriental Herbal Studies**

This component shall be included in any continuing education program in herbal therapy or any herbal component of any other type of program that provides students with sufficient knowledge to enable them to use Oriental herbs in the practice of Oriental medicine.

- Introduction to Oriental Herbal Medicine
- Development of herbal medical systems throughout the Orient
- History of the development of Oriental herbal medicine in the USA
- Legal and ethical considerations of herbal medicine

Basic Herbal Medicine Theory

- Plant-part terminology and significance to usage
- Herbal properties, e.g., concepts of herbal categories, taste, temperature, entering meridians
- Methods of preparation, i.e., dried, honey-baked.
- Methods of delivery, e.g., decoction, topical, timing (before meals)
- Laws of combining, including common contraindications, prohibitions, precautions
- Methods of treatment, i.e., induce sweat, clearing, harmonize

Oriental Diagnostic And Treatment Paradigms As They Pertain To Herbal Medicine, e.g.:

- Shan Han/6 stages
- Wen Bing/4 levels
- Zang Fu
- Chinese Internal and External Medicine

Herbal Treatment Strategies

- Methods and systems for planning, carrying out and evaluating a treatment

- Differentiation and modifications of herb formula for various patterns of disharmony according to Chinese medical principles
- Chinese herbal medicine protocols applied to patients with a biomedical diagnosis

Materia Medica - Instruction in a minimum of 300 different herbs

- Categories: functions and meaning
- Visual identification including differing methods of cutting
- Temperature, taste, and entering meridians
- Taxonomy and nomenclature
- Introduction to Chinese names of herbs
- Functions and actions; classical and new developments
- Specific contraindications for each herb
- Applications of herbal dosages
- Current developments in individual herb research
- Endangered species and substitutions for them

Herbal Formulas - Instruction in a minimum of 150 formulas

- Traditional formula categories, functions and meanings
- Meanings of the traditional Chinese formula names
- Functions and actions; classical and new developments
- Specific contraindications for each formula
- Current developments in formula research
- Composition and proportion of individual herbs in each formula
- Major modifications of formulations
- Patient education regarding administration, potential side effects, preparation and storage of formulas
- Prepared herbal formulations: modifications and format of delivery

Food Therapy/Nutrition

- Categorization of foods with regard to temperature, taste, and function
- Dietary advice for various conditions
- Preparation of common food/herbal recipes

Clinical Internship and Herbal Dispensary

- Clinical internship in which students interview, diagnose and write appropriate herbal formulae moving from complete supervision to independent formula development
- Standards of cleanliness in a herbal dispensary
- Storage of herbs (both raw and prepared formulas), covering issues of spoilage and bugs
- Practice in the filling of herbal formulas in an herbal dispensary setting

Western Science for Herbal Medicine

- Botany, non-botanical and horticulture (e.g., changes in the characteristics of herbs due to environmental factors) as they pertain to herbal medicine

- General principles of pharmacognosy:
  a) Biochemical components of herbs and natural substances
  b) Considerations of pharmaceutical interactions with reference to current texts

**12. Other Oriental Medicine Modalities**

- Oriental manual therapy, including bodywork and physiotherapies
- Exercise/breathing therapy
- Diet counseling

The above requirements may be satisfied by courses at a college or university accredited by an agency recognized by the U.S. Secretary of Education provided that the core content is consistent with the program's objectives. The program must ensure that the sequencing, duration, nature and content of all didactic, practical, and clinical training courses are appropriately integrated and consistent with the program's purposes and educational objectives.

# Appendix B

## Competencies for Successful Completion of ACAOM-approved Program[46]

| *Competency* | *Foundation Skills* |
|---|---|
| Collecting data and using patient examinations to make a diagnosis | by: Observation, Olfactory examination, Audio examination, Palpation, Inquiry, and Physical examination. |
| Formulating a diagnosis by classifying the data collected and organizing it according to traditional theories of physiology and pathology. | This skill implies comprehensive understanding of eight fundamental theories and concepts, eg. Yin-Yang Theory, Channel Theory, and Organ Theory etc. |
| Determining Treatment Strategy Based on the Diagnosis Formulated. | • The availability of additional appropriate modalities for patient referral<br>• The ability to communicate with other health professionals regarding patient care, utilizing commonly understood medical terminology<br>• The functions of the acupoints |
| Performing treatment by applying appropriate techniques, including needles, Moxa, manipulation, counseling, and the utilization of skills appropriate for the preparation of tools and instruments. | • Proper sterilization and aseptic procedures<br>• Preparation of the patient, including proper positioning for application of techniques<br>• Effective communication with the patient regarding the nature of the illness and the treatment plan<br>• Accurate location of acupoints<br>• Safe and effective needle insertion techniques based upon the function of the point, the recommended needling depths, the underlying anatomy at the site, the desired effect of needling, and the nature of the illness<br>• Accepted clean needle insertion practices, including protocols adequate to allow compliance with NCCAOM guidelines on sanitation, asepsis, and clean needle handling<br>• Safe and effective application of adjunctive techniques, including moxibustion, electrical stimulation and manipulation<br>• Effective control of emergency situations |
| Assessing the effectiveness of the treatment strategy and its execution | • By re-examination of the patient<br>• By comparison with previous conditions and expectations<br>• By modification of the treatment plan, if required, based upon that assessment |
| Complying with practices as established by the profession and society-at-large. | Through: application of a code of ethics; practice of responsible record keeping and patient confidentiality; maintenance of professional development through continuing education; and maintenance of personal development by continued cultivation of compassion. |
| Making a Diagnosis/Energetic Evaluation by: identifying position, nature and cause of the dysfunction, disorder, disharmony, vitality and constitution. | This evaluation is based on the 13 concepts below plus knowledge of distinctive patterns of herbal combinations and recognition of medical emergencies. |
| Planning and Executing an Herbal Treatment using acquired knowledge.<br>Planning and Executing an Herbal Treatment | Identification of most commonly used raw and prepared substances in Materia Medica; use of common foods as healing modalities; properties of substances in Materia |

[46] ACAOM, Accreditation Handbook, January 2005, pp 31-34. http://www.acaom.org/Downloads/handbook/RO%20Hndbk%20Pt%201%202005.pdf.

| | |
|---|---|
| using acquired knowledge. | Medica; identification of common biochemical constituents and common dosage guideline; contraindications of individual herbs and possible side effects; traditional strategies of herbal formulation eg. sweating (sudorific) or supplementing (tonic); composition of formulas (hierarchy of ingredients, internal dynamics of ingredients, changes in hierarchy of ingredients by modification of ingredients or dosage); preparation and administration of formulas (dosage, timing, frequency, duration, extraction times, etc); indications and functions of representative herbal formulas; selection, modification and development of appropriate formulas consistent with the pattern of disharmony and treatment plan; current types of prepared formulations available (pills, powder, tincture, etc.); dosage variances, side effects and toxicity associated with usage, timing, frequency, duration, extraction times, etc; understanding the issues surrounding non-traditional additives to prescriptions; selection of the appropriate modality or modalities for treatment; consultation with patient regarding treatment plan, side effects, outcomes, and healing process; biomedical considerations of herbal preparations (contraindications, drug interactions, etc). |
| Understanding Professional Issues Related to Oriental Herbs | Specifically: ethical considerations with respect to prescribing and selling herbs to patients; how/when to consult and refer with appropriate biomedical or allied health practitioners regarding drug interactions and herbal therapy; appropriate management, care, and storage of herbs and herbal products. |
| In order to be able to:<br>• Recognize situations where the patient requires emergency or additional care or care by practitioners of other health care (or medical) modalities, and to refer such patients to whatever resources are appropriate to their care and well-being<br>• Appropriately utilize relevant biomedical clinical science concepts and understandings to enhance the quality of Oriental medical care provided<br>• Protect the health and safety of the patient and the health care provider related to infectious diseases, sterilization procedures, needle handling and disposal, and other issues relevant to blood borne and surface pathogens<br>• Communicate effectively with the biomedical community | The Student must have an adequate understanding of:<br>• Relevant biomedical and clinical concepts and terms<br>• Relevant human anatomy and physiological processes<br>• Relevant concepts related to pathology and the biomedical disease model<br>• The nature of the biomedical clinical process including history taking, diagnosis, treatment and follow-up<br>• The clinical relevance of laboratory and diagnostic tests and procedures, as well as biomedical physical examination findings<br>• Relevant pharmacological concepts and terms including knowledge of relevant potential medication, herb and nutritional supplement interactions, contraindications and side effects |

# APPENDIX C

## Details of Sample Curriculum: China

| ***Summary*** | ***Hours*** | ***Years*** |
|---|---|---|
| Biomedicine | 1127 | |
| TCM | 1920 | |
| Other | 662 | |
| Clinic | 1800 | 1 year |
| **Total** | **5509** | **5 years** |
| ***Courses*** | ***Hours*** | ***Department*** |
| Science of epidemic febrile disease | 65 | Biomedicine |
| Physiology | 95 | " |
| Pathology | 95 | " |
| Essentials of diagnostics | 120 | " |
| Internal Medicine | 133 | " |
| Surgery | 76 | " |
| Anatomy, histology & embryology | 171 | " |
| Chemistry | 84 | " |
| Biochemistry | 60 | " |
| Microbiology | 54 | " |
| Parasitology | 22 | " |
| Sanitation and entiepidemic | 76 | " |
| Pharmacology | 76 | " |
| Clinical Internship (1 year) | 1800 | Clinic |
| Liberal Arts | 662 | Other |
| Natural dialetics | 60 | TCM |
| Basic of TCM science | 152 | " |
| Diagnosis of TCM | 90 | " |
| Chinese material | 152 | " |
| Prescription of TCM | 95 | " |
| Canon of Medicine | 76 | " |
| Internal Medicine TCM | 272 | " |
| Surgery of TCM | 114 | " |
| Acupuncture and moxibustion | 114 | " |
| Medical articles or archaic Chinese | 114 | " |
| History of TCM | 38 | " |
| Theories of Different Schools | 114 | " |
| Treatise of febrile diseases | 95 | " |
| Miscellaneous diseases | 76 | " |
| Traumatology of TCM | 95 | " |
| Pediatrics of TCM | 73 | " |
| Ophthalmology and laryngology of TCM | 95 | " |
| Gynaecology of TCM | 95 | " |
| ***Graduation Thesis*** | | |
| ***Graduation Examination*** | | |

## APPENDIX D

### Approaches to Credentialing Existing Practitioners

China

There are three channels through which TCM practitioners are trained. First, there are those who receive no formal education but learn the trade through family members (i.e. some form of apprenticeship). Second are students who graduate from TCM educational institutions. Finally, there are physicians trained in Western medicine who transfer to the practice of TCM. There are also three tiers of practice: physicians, assistants, and specialists - individuals examined and officially recognized as proficient in a particular branch of TCM.[47]

Unfortunately, there have been issues with the specialists due to the lack of a uniform method of assessment, which consequently has led to some unqualified individuals obtaining official recognition. As a result of this, the SATCM has introduced annual testing for this tier of practitioners.

Singapore

The Traditional Chinese Medicine Practitioners Board was created by the *Traditional Chinese Medicine Practitioners Act (2000)* with responsibilities for accrediting TCM schools and courses, conducting examinations, and registering and issuing licenses to TCM practitioners.

To ease the integration of existing practitioners into its new regime, regulation was phased in. Acupuncturists were registered first, followed by herbalists. Currently, the Board is calling for voluntary listing of herbal dispensers prior to registration being undertaken. Eventually there will be a requirement that dispensers undertake a three and a half year course for registration.

With a view to improving the quality of trainees and training, a government Committee urged local TCM schools to upgrade their part-time courses to a three-year full-time diploma course or a six-year part-time equivalent. The Board hopes to move to a degree course in the future. The program is currently not a university degree course but ranks above polytechnic status.

Singapore now requires new practitioners to undertake a six-year part time course which is currently not a university degree course but ranks above polytechnic status. The government chose a part time format to allow existing practitioners and other students the opportunity to support themselves by working while studying.

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[47] Candidates who are not successful in passing the examinations, or decide not to take them, must pass a unified exam offered by the Health Department before their qualifications to practise as TCM assistants or physicians are recognized.

Taiwan

Through the late 1980s to the present-day, the Taiwanese government has expanded the responsibilities of the Committee on Chinese Medicine and Pharmacy. Among its responsibilities are clinical and other training programs for Chinese medical personnel. TCM education in Taiwan is being gradually absorbed into the university education system.

Chinese medical education in Taiwan is being gradually absorbed into the university education system. All traditional Chinese Medicine practitioners in Taiwan also learn Western medicine. As a result of tension between Western and Chinese medical practitioners, the government requires that all individuals wishing to practice TCM undertake continuing education at a university.

# APPENDIX E
## Letter from Minister of Health and Long-Term Care to the Health Professions Regulatory Advisory Council

Ministry of Health
and Long-Term Care

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JAN 18 2006

Barbara Sullivan
Chair
Health Professions Regulatory
Advisory Council
55 St. Clair Ave. West, 8th Floor
Toronto, ON M4V 2Y7

Dear Ms Sullivan:

I understand that the Advisory Council's consultation sessions have been very well received and there is much information to consider. Please express my appreciation to Council members for their expertise and the time they are committing from their very busy schedules.

Several months ago, I indicated that there might be an additional issue that I would need to ask the Advisory Council to consider. In further discussions at that time with the Deputy Minister, we felt that we had already placed a heavy workload on the Advisory Council and wished it to concentrate its efforts on the February 2005 referral. I am pleased to hear that much has been accomplished and I now ask that you bring another issue before the Council.

Our government is committed to ensuring that users of non-traditional medicine and alternative approaches will have confidence in their safety. As you are aware, I recently introduced Bill 50 in the Legislature to regulate traditional Chinese medicine and to set out who would be allowed to perform acupuncture. The new *Traditional Chinese Medicine Act, 2005* and other amendments would provide for the use of the "Doctor" title by certain members of the new College of Traditional Chinese Medicine Practitioners of Ontario. To assist in the formulation of this unique certificate of registration, I ask that the Advisory Council provide me with advice regarding the educational requirements relating to "Doctor" title respecting certain members of the new College.

Please note that your advice should address what the new College Council should consider respecting educational requirements needed to achieve the "Doctor" title. We are also asking for your recommendations on how the standards for these educational requirements should be set and measured. It is important to keep in mind the different ways in which current traditional Chinese medicine practitioners may have acquired their knowledge, skills and judgement to practice on the one hand, and how, on the other, new applicants seeking registration in the profession and use of "Doctor" title should be prepared. I am asking that the Advisory Council take a comprehensive look at these issues, relating specifically to the practice of this new regulated health profession, with public interest and protection in mind.

I intend to share your advice with the new College for its consideration in setting the education standards for "Doctor" title applicants. Your recommendations will also be considered by the Ministry in its review of the College's regulation proposals.

I would ask that you continue with your current project plans in order to achieve the April 30, 2006 date for the issues in my February 2005 referral. The referral in my letter today is an important one and I would like your council to do its best to integrate this new project into its schedule but not to the detriment of meeting the April 30th date. I would therefore appreciate receiving advice on this new issue no later than September 30, 2006.

I want to take this opportunity to thank you for your leadership and look forward to the advice of Council.

Yours truly,

George Smitherman
Minister

cc: Presidents and Registrars of all Colleges under the RHPA
Presidents of associations representing health professionals regulated under RHPA
Chair, Board of Directors of Drugless Therapy-Naturopathy
President, Ontario Association of Naturopathic Doctors
Tony Wong, MPP Markham, Chair, MPP Consultation Group on Traditional Chinese Medicine and Acupuncture

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